

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 169281989 FILING DATE 02/14/01
APPLICANT(S) /

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						61					
2		1					62					
3			1				63					
4				1			64					
5					1		65					
6	1						66					
7		1					67					
8			1				68					
9				1			69					
10		1					70					
11			1				71					
12				1			72					
13					1		73					
14						1	74					
15							75					
16							76					
17							77					
18							78					
19							79					
20							80					
21							81					
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25							85					
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27							87					
28							88					
29							89					
30							90					
31							91					
32							92					
33							93					
34							94					
35							95					
36							96					
37							97					
38							98					
39							99					
40							100					
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												
TOTAL IND.	3											
TOTAL DEP.	23											
TOTAL CLAIMS	26											

TOT.
IND.
TOTAL
DEP.
TOTAL
IMC